

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004509

FILED  
Feb 06, 2008  
Secretary of State

**Entity Name:** VETERINARY HOSPITAL MANAGERS ASSOCIATION, INC.

**Current Principal Place of Business:**

17453 NW 177TH AVENUE  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2280  
ALACHUA, FL 326162280

**New Mailing Address:**

**FEI Number:** 22-2549927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHUPE, CHRISTINE  
17453 NW 177TH AVENUE  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BACON, JIM  
Address: 1760 EASTON AVENUE  
City-St-Zip: SOMERSET, NJ 08873

Title: D ( ) Delete  
Name: BROWN WILTSHIRE, SANDRA  
Address: 20 SUNDOWN DRIVE  
City-St-Zip: WALDEN, NY 12586

Title: D ( ) Delete  
Name: MACDONALD, TOM  
Address: 370 UNIVERSITY AVENUE E, SUITE 101  
City-St-Zip: WATERLOO ON N2K2N2, XX XX

Title: D ( ) Delete  
Name: SAVAGE, SUSAN  
Address: 211 N US HIGHWAY 27  
City-St-Zip: CLERMONT, FL 34711

Title: P ( ) Delete  
Name: PROWSE, SUSAN  
Address: 2500 S HARDY DRIVE  
City-St-Zip: TEMPE, AZ 85282

Title: VP ( ) Delete  
Name: GERVASI, GERARD  
Address: 474 US HIGHWAY 72W  
City-St-Zip: COLLIERVILLE, TN 38017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE Q. SHUPE

ED

02/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date